

Leominster Recreation Department

Summer Programs 2006

Extended Day Form

Extended day costs are \$3.00 per hour. Extended day hours are 7:00 a.m. – 9:00 a.m. and 3:00 p.m. – 5:30 p.m.

PROGRAM REGISTERING FOR: _____ **Date:** _____

Participant's First Name: _____ Last Name: _____ Age: _____

Please circle the AM and/or PM times you wish to enroll your child in extended day per day and week.

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday										
7/5-7/7	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM
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Amount: _____

Date: _____ Amount paid: _____ Check #: _____ Cash: _____ Receipt #: _____

Please circle the AM and/or PM times you wish to enroll your child in extended day per day and week.

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday										
7/10-7/14	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM
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Amount: _____

Date: _____ Amount paid: _____ Check #: _____ Cash: _____ Receipt #: _____

Please circle the AM and/or PM times you wish to enroll your child in extended day per day and week.

Week 3	Monday	Tuesday	Wednesday	Thursday	Friday										
7/17-7/21	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM
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Amount: _____

Date: _____ Amount paid: _____ Check #: _____ Cash: _____ Receipt #: _____

Please circle the AM and/or PM times you wish to enroll your child in extended day per day and week.

Week 4	Monday	Tuesday	Wednesday	Thursday	Friday										
7/24-7/28	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM
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Amount: _____

Date: _____ Amount paid: _____ Check #: _____ Cash: _____ Receipt #: _____

Please circle the AM and/or PM times you wish to enroll your child in extended day per day and week.

Week 5	Monday	Tuesday	Wednesday	Thursday	Friday										
7/31-8/4	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM
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Amount: _____

Date: _____ Amount paid: _____ Check #: _____ Cash: _____ Receipt #: _____

Please circle the AM and/or PM times you wish to enroll your child in extended day per day and week.

Week 6	Monday	Tuesday	Wednesday	Thursday	Friday										
8/7-8/11	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM	<table border="1"><tr><td>AM</td><td>PM</td></tr></table>	AM	PM
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Date: _____ Amount paid: _____ Check #: _____ Cash: _____ Receipt #: _____